

September 1993

# Clinical Center News

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- NIH Research Festival
- the Navajo experience
- investigator award

## Medicine for the Public lectures begin Sept. 28

Alternative medicine, stress, and obesity are among issues that will be covered in the Clinical Center's popular Medicine for the Public lecture series this fall.

The lectures, slated Tuesdays at 7 p.m. in Masur Auditorium through November, are free and open to the public.

Now in its 17th year, the series features physicians and scientists working in the frontiers of medical research at NIH. The lectures, complemented by lively graphics, help people understand the latest developments in medicine.

This year's series opens on Sept. 28 with "Glaucoma: Don't Lose Sight of It." Dr. Carl Kupfer, NEI director, will talk about treating this serious disease, a leading cause of blindness.

On Oct. 5, Dr. Joseph J. Jacobs, director of the newly established Office of Alternative Medicine, will discuss "Understanding the Healing Arts: Alternative Medicine at NIH." Alternatives to conventional medical treatment are getting widespread attention. The anecdotal evidence can be persuasive. But which alternative therapies really work? How do we protect ourselves from quackery? Dr. Jacobs will explain how his office hopes to help answer these questions and more.

When confronted with life's daily challenges, some react with



anxiety or depression while others take it in stride. On Oct. 12, Dr. Stephen Suomi will present "Uptight or Laid-Back: How We Handle Stress." Dr. Suomi, chief of the Laboratory of Comparative Ethology, NICHD, has spent years

studying primate groups. He has found that nurturing adults can turn young monkeys at risk for stress into the group's most productive members.

Today's blood supply is safer than ever thanks to rigorous screening of donors and donor blood. But despite all precautions, risks remain. Dr. Harvey Klein, chief of the Clinical Center's Department of Transfusion Medicine will examine "Blood Transfusions: Issues and Answers" on Oct. 19.

There are about 10,000 spinal cord injuries a year in this country. Dr. Michael Walker, director of the Division of Stroke and Trauma, NINDS, will review research on drug intervention

*(Continued on the back page)*

## New Goldberger lecture series highlights intramural clinical research

Dr. Thomas A. Waldmann, chief of the Metabolism Branch, NCI, delivered the first Joseph Goldberger Clinical Investigator Lecture Sept. 1 at the Clinical Center. These lectures, planned as an annual event, were created to highlight intramural clinical research at NIH.

"The first patient was admitted to the Clinical Center in July 1953, and it is especially appropriate to initiate the Goldberger lectures during our 40th anniversary," said Dr. Saul Rosen, acting CC director. "A named, annual lecture emphasizing clinical research will help to raise the awareness level of the outstanding researchers we have here at the Clinical Center."



Dr. Joseph Goldberger

*(Continued on the back page)*



## Festival focuses on research diversity

"Molecular Medicine" is the theme for the NIH Research Festival set for Sept. 20-24. The annual festival unites researchers in NIH's diverse intramural programs for symposia, workshops, and poster sessions.

NIDDK's alumni symposium opens the event on Sept. 20 in Masur Auditorium with "Contributions of Basic Science to Biomedical Research." A plenary session on clinical applications of gene therapy follows. Sept. 21 topics feature transcriptional control, and cellular and functional imaging. Sept. 22 sessions include biobehavior and health, and signal transduction and intracellular trafficking.

On Sept. 21 and 22, 45 workshops will run in various NIH locations. Poster sessions highlighting current work at labs here are set for Sept. 20 and 21 in tents located in parking lot 10D near the Department of Transfusion Medicine. That's also the location for a scientific equipment show Sept. 22-23. For program details, contact Gregory Roa at 496-1776.



### Bioethics interns

Interning this summer in the bioethics program were (from left) Alicia Bazzano, a Tulane graduate who attends medical school at UCLA; Sharon Hermes, a graduate of Yale now attending Johns Hopkins School of Medicine; Erin Williams, a graduate of the University of Virginia now attending law school at Washington University; and Shelley Branam, a philosophy major at Dartmouth. With them is Dr. Frederick Bonkovsky, acting chief of the bioethics program. "The interns studied and served bioethics during the internship," he says. Group members attended ethics committee meetings, clinics, rounds, and institutional review boards, and wrote and delivered papers in bioethics. The Interns were selected from more than two dozen interdisciplinary applicants.

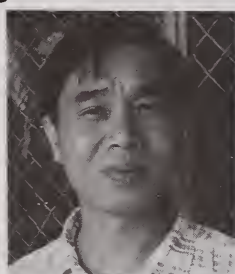
## query

### What did you do on summer vacation?



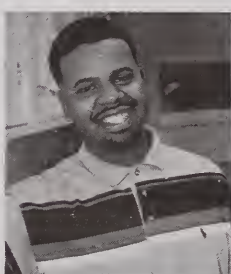
**Lisa Adams**  
secretary to the  
chief, Materials  
Management

"I haven't even gone on vacation yet, but I am going to go away soon for relaxation."



**Luyen Thai**  
mail clerk  
CC Mail Room

"I went to California. San Francisco. To visit family."



**Alfredo Peralta**  
Stay-in-School,  
NICHD

"I've been sick all summer. I had four wisdom teeth taken out, then caught a cold that turned into walking pneumonia."



**Adrienne Farrar**  
acting chief,  
Social Work

"I haven't gone on my summer vacation yet. I am going to the Berkshires. Don't ask me what I'm going to do there."

## CC News

Editor: Sara Rand Byars

*Clinical Center News* is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters, and photographs are encouraged and can be submitted to Bldg. 10, room 1C255, or by calling 496-2563. You may also contact your department's *CC News* liaison.

**Deadline** for submission is the second Monday of each month. If possible, submit your article on a Macintosh disk (Microsoft Word preferred).



### Materials managers key to success

"Materials Management is Material to Your Success" is the theme for National Health Care Materials Management Week Oct. 3-9.

A social on Oct. 4 will kick off Clinical Center celebrations. The event, sponsored by the Materials Management Department, is set for 10 a.m. in the Central Hospital Supply Section, room B1N238.

National Health Care Materials Management Week is designed to bring attention to the expanding role people in the field of materials management play in reducing costs, providing better health care supplies and equipment, and contributing to the overall goals of health care facilities to support care focused on patients.

### Clinic announces staff changes

Dr. James E. Code, deputy chief of the Commissioned Officers Dental Clinic, has been promoted to the rank of commander in the Public Health Service.

The clinic also announces the retirement of Dr. Richard Weaver. A pedodontist, Dr. Weaver had volunteered to provide patient care in the clinic two half-days a week for the past 12 years and served as chief of the Dental Education Special Initiative Branches with the Public Health Service.

### Register for October courses

Call 496-1618 to register for the following courses sponsored in October by the Education and

Training Section:

- Sexual Harassment Prevention Training for Managers and Supervisors**, Oct. 19, 10:30 a.m.-12:30 p.m., room 2C116;

- Sexual Harassment Prevention Training for Clinical Center Support Staff**, Oct. 22, 10:30 a.m.-12:30 p.m., room 2C116;

- Cross-Cultural Health**, Oct. 28, 2-3:30 p.m., Lipsett Amphitheater; and

- QTRC Hosts Program, "QT in Other Hospitals,"** Oct. 6, 8:30-9:30 a.m., room 2C116; Oct. 12, 3-4 p.m., room 2C310; and Oct. 13, noon-1 p.m., 1C520.

### Survey targets health promotion

A randomly selected sample of Clinical Center employees, along with others who work at NIH, will soon receive a survey concerning on-the-job health promotion efforts here.

The NIH Worksite Health Promotion Action Committee, led by Susanne Strickland, NIH Office of Disease Prevention, will distribute the survey. Results will be used to develop a program designed to meet the diverse needs of NIH employees.

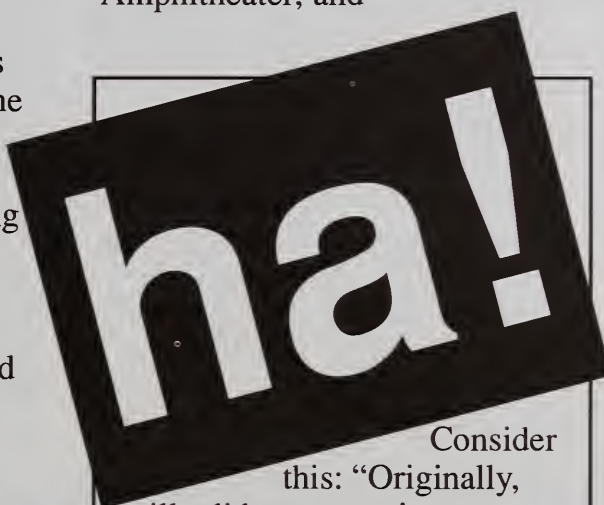
Committee members urge that those who receive the survey take the time to complete and return it. That way the committee will know what programs to include and how best to meet employees' needs.

### OEO sponsors mentor program

The NIH Office of Equal Opportunity sponsors a mentoring program offering training, counseling, and guidance to employees to enhance their potential for career development.

The program, officials say, is in keeping with NIH goals to enhance employment and advancement opportunities for minorities, women, and persons with disabilities who don't have a mentor and are not participating in any formal NIH training programs.

For more information, call 496-6301.



Consider this: "Originally, silly did not mean inane or stupid. It meant four things: blessed, prosperous, happy, and healthy."

That attitude is central to Sept. 9's presentation "Humor and Health: Juggling Life's Stress." It's also at the heart of the program's presenter, Dr. Steve Allen, Jr. He'll talk about the lighter side of health during the NIH Public Affairs Forum program 1:30-3 p.m. in Masur Auditorium. Admission is free, but donations will be accepted for Camp Fantastic, one of a variety of programs offered for children with cancer and their families by the non-profit organization Special Love. A reception and poster signing will follow in the Visitor Information Center. For details, call 496-6308.



# ***CC nurses respond to call for help in the southwest***



Clinical Center nurses experienced health care in a unique environment, the heart of the Navajo Nation, as volunteers.

A psychic called the Shiprock, New Mexico, hospital emergency room where Kimberly Woodring—normally a nurse on CC's 12-West oncology and HIV care unit—was working one midnight in June.

The mystery malady that was killing people in the desert southwest was caused by drinking milk, the seer explained, and by eating foods that grew underground. The cure? Consume corn, watermelon, and cantaloupe.

The caller's prescription was just as mystical as the label health officials initially attached to the illness, UARDS—Unexplained Adult Respiratory Distress Syndrome. Theories of its cause—later identified as a hantavirus carried in the airborne, dried feces, urine, and saliva of infected rodents—abounded. Symptoms of illness, now officially know as Hantavirus-Associated Respiratory Distress Syndrome, are fever and muscle aches, accompanied by headaches, cough, or reddened eyelids.

Singularly, those symptoms were likely to be simple problems, but residents of the area beset by cases of the virus flooded local emergency rooms for evaluation.

That's when the call for help went out in early summer.

Five Clinical Center nurses were among those responding. Tino Merced-Galindez, Trisha Miller, Jenny Lemert, Kim Woodring, and Allyson Browne will talk about their experiences in Arizona and New Mexico during a brown-bag lunch presentation for nursing department members Sept. 9, noon-1 p.m., in the Medical

Board Room (room 2C118).

"There was a lot of hype here, but no hysteria there," says Merced-Galindez, an oncology nurse on 12 East. He was assigned to the Indian Health Service (IHS) hospital in Tuba City, Ariz. "The public was excited, and if they had any symptom, they'd flock to the emergency room. We'd see 100 to 150 patients a shift."

Residents were told to check out any symptoms. "People weren't panicky, they were cautious," notes Browne, a nurse on 8 West, an endocrinology unit. A veteran of the Indian Health Service, she had spent two years on staff of an IHS hospital in Santa Fe. She and Lemert, a nurse in the surgical intensive care unit on 2J, were assigned to the IHS hospital in Crownpoint, N.M.

"The hospital at Crownpoint was short-handed," says Lemert, "and staff nurses were working 20 to 30 hours overtime each week."

Miller was assigned to the Shiprock hospital with Woodring. "The hospital was small, with a two-bed ICU," says Miller, who works in the 10D intensive care unit. "You could walk around the whole hospital in about two minutes."

Clinical Center nurses encountered no cases of the hantavirus while on their temporary duty assignments, but they all received a capsule look at health care in a unique environment.

"During orientation we were told that when patients come in, take care of the current problems and do what preventive health care you can do quickly," Lemert



says. "I had a very positive experience. It was an introduction to preventive health care for me."

"We did a lot of teaching about how to clean up rodent droppings and what symptoms to watch for," says Woodring, adding with a laugh, "I've never given so many immunizations."

"[At the Clinical Center,] if a patient needs an MRI, he goes downstairs," notes Browne. "There, the MRI is an hour's drive away."

"You do the very best with what you've got," Merced-Galindez adds. "It made you think, 'does this patient really need an x-ray or urinalysis?'"

The local staff was very supportive and appreciative of our being there, says Browne, "but it was a shock to do outpatient nursing. I was not a stranger to the structure of the hospital, but in the outpatient clinic, the assessment

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**I thought I could make a difference and gain a different nursing perspective**

—Browne

”

skills needed were different and there were so many patients to see. Their problems were more diverse."

The types of patients ranged from infants to the elderly. Injuries and trauma were common. "We had one case of suspected UARDS," Lemert adds, "but it turned out to be sepsis."

Local staff members were welcoming and helpful. "The staff was very teaching oriented,"

Lemert notes. "It was almost like being in a teaching hospital."

"I felt like the [local] physicians really wanted to be there," says Woodring. "They lived so close and came right over to the hospital when we called about their patients."

Clinical Center nurses coped with unfamiliar styles of communication as deftly as they handled the different context of practice.

Elderly patients were referred to—out of a local custom of respect—as grandma or grandpa. Many spoke only Navajo. Translators were indispensable. "I'm talk, talk, talk," Lemert says. "The Navajo's style is short and succinct. You can't say 'take this medicine or you will get an ear infection.' You have to say instead, 'your child will be well if you take this medicine.' They believe that if you say something, it will happen."

"We learned to not look directly at the patients and to ask simple questions and be very descriptive," adds Woodring. "There's no word for exercise, so what would be translated into Navajo was 'move your arms and legs and make your heart beat faster.'"

Personal and professional curiosity combined with a spirit of volunteerism proved mutually beneficial for the CC nurses and their patients.

"This was a good opportunity to see a different way of life," says Miller. "We're in our little world here [at the Clinical Center]."

"I thought I could make a difference and gain a different nursing perspective," adds Browne.

"If they need me again," says Merced-Galindez, "I'm there."

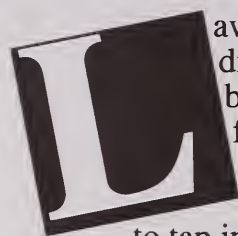
—by Sara Rand Byars



Kim Woodring, normally a nurse on 12 West, was assigned to the Indian Health Service Hospital in Shiprock, New Mexico, this summer. She and four other Clinical Center nurses volunteered to help hospitals in the desert southwest during a hantavirus outbreak.



# Safeguards designed to stem discrimination



Laws against discrimination have been on the books for decades, and Clinical Center employees are able

to tap into an elaborate system of safeguards to protect against any discrimination.

"Every NIH employee has an absolute right to pursue and gain correction of any situation that obstructs the goals of equal opportunity," said Dr. Ruth L. Kirschstein, acting NIH director, during an open forum on reprisal and retaliation held here last month by the NIH Task Force on Fairness in Employment Practices.

"The Clinical Center's commitment to zero tolerance for all types of discrimination is unwavering," said Dr. Saul Rosen, acting director. "Complaints are taken seriously and thoroughly investigated. We want them resolved as quickly as possible."

Ogden Lacy, the Clinical Center's equal employment opportunity officer, guides its efforts in carrying out both the spirit and the letter of the laws.

Congress formalized the war on discrimination through Title VII of the 1964 Civil Rights Act. Subsequent amendments to that and other laws have strengthened consequences of unfair treatment in the workplace.

"We've handled more than 35 complaints in the past twelve months," Lacy says. "Most concern terms and conditions of employment." Employees lodging complaints say that the work they are directed to perform or where they work has been influenced unfairly by their race, gender, age, or other factors.

Of those 35 complaints, 25 were resolved in the informal hearing phase. Ten went on to the formal hearing stage and are awaiting resolution. "With some 2,300 employees at the Clinical

Center, that's a pretty good statistic," Lacy says.

There's a simple first step for approaching each complaint: face-to-face communication.

"If a person contacts us with a complaint I ask the individual to come in and talk with me." Lacy and his staff provide counseling for employees, managers, and supervisors on EEO policies and procedures.

Lacy's role is initially that of an investigator. "I look at the merits of the case. I find out what has transpired," he says. That means talking with the employee making the complaint and the person against whom the complaint is lodged. The individual with a complaint can remain anonymous at this point.

"I offer ideas on how the person can effectively approach management to resolve a problem," Lacy says, "or I can talk to the manager or supervisor as an intermediary." He's prohibited by regulation from being a personal representative for either party.

Employees are entitled to have a personal representative during the process, Lacy notes, such as an attorney or a coworker.

Most Clinical Center complaints are resolved after this initial step. If appropriate, Lacy develops a memorandum of understanding between the employee alleging a problem and a manager or supervisor whose action or inaction has caused it.

Employees have other options. They can elect to file a complaint

directly with NIH Office of Equal Opportunity in Building 31.

The Clinical Center's goal is, Lacy says, to "investigate and resolve the problem as quickly as possible."

Failure to do so is costly in terms of employee productivity and job satisfaction. Unresolved complaints can become legal cases. Recent amendments to civil rights laws have expensive consequences for employers—including federal agencies—who don't take legitimate complaints seriously.

If the courts find in an employee's favor, up to \$300,000 in punitive and compensatory awards are possible. New laws also allow jury trials. "Juries are more sympathetic to the individual," Lacy says, "and are more likely to award higher damages. Thus far, there have been no requests for jury trials in the federal sector."

That possibility adds impetus to the managers' imperative. "The mandate to managers is to deal with any problems or complaints quickly," Lacy explains.

"I do the best I can to ensure that the process is fair and that all allegations are looked into," he says. "If management is found to be at fault, we rectify the problem. I also assure the person with a complaint that there will be no retaliation for filing a complaint. That is also against the law, and anyone retaliating will be dealt with severely."

The responsibility of both employees and managers is to tell the truth and be objective, Lacy says. "My responsibility is to make sure that all the facts regarding a complaint are brought to light and handled appropriately so that a proper, timely, and just ruling can be made. The bottom line is that I care about everyone at the Clinical Center and want them to have equal opportunities in employment."

**“  
Investigate and  
resolve the problem  
as quickly as  
possible.**

**—Lacy**

**”**



# Research earns Lane Award for CC nurse

Linda Brophy, head nurse on 12 West, a medical oncology and HIV care unit, has received the J.D. Lane Junior Investigator Award. It was presented by former Surgeon General Antonio Novello during the Public Health Service's annual meeting May 23-26 in Phoenix.

Brophy's two-pronged investigation examined how intensive care nurses comply with universal precautions designed to prevent infection through blood-borne pathogens.

The study showed that while 96 percent of nurses wear gloves during high-risk procedures, most don't wash their hands when changing gloves between tasks. "That was a surprise," Brophy says, "because it's necessary to wash hands before putting on gloves each time."

The study's second phase was a questionnaire that looked at



**Former Surgeon General Antonio Novello (right) presented the J.D. Lane Junior Investigator Award to Linda Brophy.**

intensive-care nurses' decisions to comply—or not comply—with universal precautions. "The findings indicated that nurses with

less than one year and greater than 15 years in practice were inconsistent with their intention to wear gloves while performing procedures that place them at risk for an infection," Brophy explains.

The study points up the need to target new, graduate nurses and senior staff for ongoing education in infection prevention, she says. It also strengthens rationale for continued research in the effectiveness of hand washing. "We can't lose sight of basic infection-control practices such as hand washing," she says.

Brophy's investigations were part of her work as a graduate student at the University of Washington. She earned dual master's degrees in nursing and public health in 1991.

The award, established in 1961, recognizes John D. Lane, first president of the Public Health Service's Clinical Society.

## people



**Tannia Cartledge**

**Tannia Cartledge** is new head nurse of the 3rd and 9th floor clinics. She began her career at NIH as a nursing intern with NIH's Stride

program. Previous positions include primary nurse in the 9th floor clinic, an outpatient unit specializing in endocrine disorders, and acting head nurse of that clinic and NIDR's 3rd floor pain clinic. Cartledge received a Citation for Clinical Excellence in 1992, and the Chief's Award in 1993. She is working on a bachelor's degree in health care management at the University of Maryland.



**Mary Rossi-Coajou**

**Mary Rossi-Coajou** is new head nurse for 10 East, a medical/surgical unit for NEI patients as well as those with Wegener's

Disease and chronic fatigue syndrome, and the NEI clinic, where she has worked as a staff nurse since 1990. After a detail as acting head nurse on 10 East and the 10th floor clinic, Rossi-Coajou received a 1993 Citation for Managerial Excellence. She is a graduate of the State University of New York-Brockport, and earned a master's degree in nursing from the University of Maryland.

**Carol Pane Romano**, director of clinical systems and quality improvement in the Nursing Department, earned a Ph.D. in nursing and information science from the University of Maryland at Baltimore in May.

She received the Dean's Leadership Award for "her work as a pioneer in the definition and development of nursing informatics as a specialized area of clinical practice and for her international work in the application of information technology in health care." She also received the Doctoral Award for Excellence in Nursing Science.

Romano, who came to the Clinical Center as a staff nurse in 1971, has published articles and lectured internationally on nursing issues.



# ... **Goldberger lecture honors PHS pioneer**

(Continued from page one)

Topic for the first Goldberger lecture was "Adult T-cell Leukemia." Dr. Waldmann's research has focused on the regulation of the human immune response. His landmark discovery of active suppression of immune responses by human suppressor T-cells and macrophages revolutionized thinking about the pathogenesis of immunodeficiency and autoimmunity. Dr. Waldmann received his M.D. degree from Harvard University in 1955 and joined NIH in 1956.

When asked what motivated the choice of names for the lecture series, Dr. Rosen said it was crucial to honor someone who had substantially contributed to clinical research.

Joseph Goldberger, born in Hungary and raised in New York City, became a PHS commissioned officer in 1899. His research focused on bacteriology and parasitology, including yellow fever, dengue, measles, and typhus. In 1913, the Surgeon General asked him to direct a pellagra study. Most of the medical establishment believed pellagra was an infectious disease,

but Dr. Goldberger's investigations found the cause was the lack of a nutrient—later identified as niacin—in the diet.

"Dr. Goldberger's work in the early days of microbiology is a classic example of the application of epidemiologic and laboratory methods to the solution of clinical problems," Dr. Rosen said of the PHS pioneer.

## ... **Medicine for the Public series begins**

(Continued from page one)

as the direction of the future in his Oct. 26 lecture, "Spinal Cord Injury: New Developments in Treatment."

The 1993 series closes with "Obesity: The Whys and Wherefores" on Nov. 9. Dr. Van Hubbard, director of the Clinical Nutrition Program, NIDDK, offers advice on weight loss and control of this complicated disease that affects one-quarter to one-third of adult Americans.

For details, call Clinical Center Communications, 496-2563.

## september

**1** **Joseph Goldberger Clinical Investigator Lecture**  
12 noon-1 p.m.  
Lipsett Amphitheater  
*Adult T-cell Leukemia*  
Thomas Waldmann, M.D., NCI.

**8** **Grand Rounds**  
12 noon-1 p.m.  
Lipsett Amphitheater  
*Clinical Potpourri: Presentations of Interesting Cases by Several Institute Investigators*, David Henderson, M.D., CC, moderator.

**Executive Speakers Series**  
1-3 p.m.  
Masur Auditorium  
*Total Quality Management and the Scientist: Its Application for Laboratory Management*, Roger Tunks, senior consultant, Richard Rogers Group, Inc.

**10** **Innovations '93**  
8 a.m.-4 p.m.  
Masur Auditorium  
*Creating the Future of Nursing Practice—Research*, sponsored by the Nursing Department, CC.

**15** **Grand Rounds**  
12 noon-1 p.m.  
Lipsett Amphitheater  
*Viral Imitations of Host Proteins: Flattery that Turns to Battery*, Philip Murphy, M.D., NIAID; *Light: Rhythms and Blues*, Norman Rosenthal, M.D., NIMH.

**20-24** **NIH Research Festival**  
Various locations  
*Molecular Medicine*, Contact Gregory Roa, 496-1776, for details.

**22** **Grand Rounds**  
12 noon-1 p.m.  
Lipsett Amphitheater  
*Hypertrophic Cardiomyopathy*, Lameh Fananapazir, M.D., NHLBI; *Molecular Biology Moves to the Bedside (MB)<sup>2</sup>: Mutations in the Vasopressin Receptor as a Cause of Nephrogenic Diabetes Insipidus*, Allen Spiegel, M.D., NIDDK.

**28** **Medicine for the Public**  
7 p.m.  
Masur Auditorium  
*Glaucoma: Don't Lose Sight of It*, Carl Kupfer, NEI. Call Clinical Center Communications, 496-2563, for details.

**29** **Clinical Staff Conference**  
12 noon-1:30 p.m.  
Lipsett Amphitheater  
*Myositis*, Paul Plotz, M.D., NIAMS, moderator.

**12th Annual Symposium**  
8 a.m.-4:30 p.m.  
Masur Auditorium  
*Immunohematology and Blood Transfusion*, sponsored by the Department of Transfusion Medicine, CC. Deborah Spiegel, MT(ASCP)SBB, and Richard J. Davey, M.D., CC, coordinators.